

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
Cypress Ridge Building • 1867 Crane Ridge Drive, Suite 200-B • Jackson, MS 39216  
(601) 987-3079

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**APPENDIX G**

**REQUEST FOR MEMBERSHIP VERIFICATION  
FROM THE AMERICAN PODIATRIC MEDICAL ASSOCIATION**

**TO APPLICANT:**

Please complete the following information and submit to the American Podiatric Medical Association, ATTN: Membership Services Dept., 9312 Old Georgetown Road, Bethesda, Maryland, 20814, along with a check or money order in the amount of \$15.00.

Full Name of DPM \_\_\_\_\_

Professional Mailing Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Podiatric School of Graduation \_\_\_\_\_

**TO AMERICAN PODIATRIC MEDICAL ASSOCIATION:**

In order to obtain a Mississippi Medical License, I must have a Membership Verification from you. Enclosed is a \$15.00 check or money order to cover the processing fee. Please accept this as my request to send a Membership Verification to the Mississippi State Board of Medical Licensure, 1867 Crane Ridge Drive, Suite 200-B, Jackson, Mississippi 39216.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

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**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

Please fill in all applicable spaces and return to the Mississippi State Board of Medical Licensure at the above address. Please do not send this application back to the applicant as the Board will not consider this certification unless it is received directly from the institution. Board policy requires original documents, please do not fax.

